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7590

06/08/2004

John H. Hornickel, Esq.  
 Bridgestone/Firestone  
 1200 Firestone Parkway  
 Akron, OH 44317-0001

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Maxiene Rea

(Depositor's name)

Maxiene Rea

(Signature)

September 8, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/975,695	10/11/2001	Terrence E. Hogan	295620214064	9212

TITLE OF INVENTION: SYNTHESIS AND USE OF CHAIN-COUPLED POLYMERIC SULFIDE COMPOUNDS IN RUBBER FORMULATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAIN, EDWARD J	1714	524-492000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Meredith E. Palmer

2 Barbara E. Arndt

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bridgestone Corporation

10-1 Kyobashi 1-Chome

Chuo-Ku, Tokyo 104, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0925 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Meredith E. Palmer 9/8/04

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